

ASS. REQ. BY: SteveCS/MSG21009171/Etf3

ASSIGNMENT

From: PRS

CS3/MSG21009171/Etf3

Date: _____

FU 72324

Yr Regn: 214/P2

Estimated Cost: _____

OD/TP/WS/TPRES/OD-RES/EVA/INV/MV

To Inspect Vehicle Not: _____

at Workshop m/s: _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Sent: _____

Consistent? : Yes or No

Est. Repair: _____

days

Res.: Yes or No

Cum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: YamahaColour: BlueSp. Reading: 60509

Eng/No: _____

C/No: 2MC 264778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 2.50-18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 4 mm

L/Bal. _____ mm

D.O.A. 29/8/21

Survey held at

Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV - \$ 1200repair range 2K - 3K3 repair days

SUBMIT PRS REPORT

Date/Time, File, Poss loc.

☐ : Prel. Report☐ : Final ReportDays Of Repair: 3

Resurvey No. of Trips: _____

Survey Fee:

Transportation

\$ - RS - SI

Private

Others

TOTAL

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

Date/Time, File, Poss loc.

Date/Time, File, Poss loc.